

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 99422 Office of Registrar of Vital Statistics. Ward 12ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Bankard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Union Protestant Infirmary

Cause of Death, { First (Primary), Second (Immediate), } Chronic Dyspepsia
General Debility

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 6/87

Undertaker, C. J. Sever C. Fawcett M. D.

Medical Attendant.

Place of Business, 925 Madison Ave Address, 550 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99623 Office of Registrar of Vital Statistics. Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 4. 1887.

Full Name of Deceased, Saml. Hawthorn, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 5 Months, 12 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City,

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 556 W. Mosher St,

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Congestion,

Duration of Last Sickness, 10 days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th

Undertaker, Andrew Bohde } J. S. Mote M. D. Medical Attendant.

Place of Business, 730 Penna. Ave Address, 1007 W. Sawade

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Board of Health, City of Baltimore,

Permit No. 99624 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johann Lebotzki

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } male

Age, _____ Years, _____ Months, 31 Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, one day

Place of Death, { Give street and number. } Locus point Per 9

Cause of death, { First, (Primary), Second, (Immediate), } Convulsion

Duration of Last Sickness, two days

All the above informations should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 5th 1887

{ Undertaker, } He. Handier & Son

{ Place of Business, } 710 Canton St

Dr. F. Miller M. D.,
Medical Attendant.

Address, St. Ann's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99625 Office of Registrar of Vital Statistics.

Ward 3^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Hennick
Rosa Hennick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 48 h. Dallas

Cause of Death, { First (Primary), Second (Immediate), } Eclampsia infantum
Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 6th 1887

Undertaker, H. Hopman

Place of Business, 1523 S. Marmora

Address, 1523 S. Marmora

John M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. **99626**

Office of Registrar of Vital Statistics. Ward **19th**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **May 5th 1887.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Wilhelmina Bollinger**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **82** Years, — Months, — Days,

Color, **White.**

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, **none.**

Birthplace, { State or country, and how long in the United States, if of foreign birth. } **Nuremberg, Prussia.**

Duration of Residence in the City of Baltimore, **Fifteen Years.**

Place of Death, { Give street and Number. } **521 N Gilman St**

Cause of Death, { First, (Primary,) **Heart - 6 bed in usual health found dead next morning** Second, (Immediate,) **Probably Heart Disease** } **Two hours.**

Duration of Last Sickness,

All the above information should be furnished by a Physician.

Place of Burial **Landon Park Cemetery**

Date of Burial, **May 6 1887** **Mont Smith.** M. D.,

{ Undertaker, **Stewart & Brown** } Medical Attendant,

{ Place of Business, **215 & 217 Parkland** } Address,

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99627 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosanna Shipley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, White Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Forty four yrs

Place of Death, { Give Street and Number. } 925 W Lombard St

Cause of Death, { First (Primary), Cancer of the Liver Second (Immediate), Exhaustion }

Duration of Last Sickness, Two mos

All the above information should be furnished by the Physician.

Place of Burial, Frederick Park Cemetery

Date of Burial, May 6 } R. H. Phillips M. D.

{ Undertaker, J. B. Crook Medical Attendant.

{ Place of Business, 1003 W Patterson Address, 735 W Lombard St

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99628

Office of Registrar & Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frances A. Barton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

638 W. Fayette St

Cause of Death, { First (Primary), Second (Immediate), }

Cancer of the Breast

Duration of Last Sickness, 2 m^{rs}

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 6th 1887

Undertaker, Henry S. Nitchell

Place of Business, 530 W. Fayette

J. W. Horck M. D.
Medical Attendant.

Address, 1005 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99629 Office of Registrar of Vital Statistics.

Ward 2nd

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John and Antonette Queskei (Parents)

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, Months, 1/48 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

1816. Alice Anna St

Cause of Death, { First (Primary), Second (Immediate), } Premature Birth (7 Months)
Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 5th 1887

Undertaker, F. Broskowski

James A. Murray M. D.

Medical Attendant.

Place of Business, 1732 Orleans Address, Cruz 16 St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John Mc. Dr. Gory Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99630 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1887

Full Name of Deceased, Edmund Finely

Sex, Male or Female, Male

Age, 3 Years, 11 Months, Days.

Color, Black

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, 121 Chesnut St

Cause of Death, Infantile

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, May 5 1887

Undertaker, William Dungey

Place of Business, 150 East St Address, 413 Broadway

Medical Attendant.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

Permit No. 99631 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1887.

Full Name of Deceased, Wm. Earhart {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 Years, — Months, 7 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brick-layer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pruna.

Duration of Residence in the City of Baltimore, 12 hours.

Place of Death, {Give Street and Number.} Windsor House, Calvert & Franklin

Cause of Death, {First (Primary), Suffocation (accidental) from gas
Second (Immediate), —}

Duration of Last Sickness, 5-6 hours.

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury, Pa.

Date of Burial, May 6th 1887

{Undertaker, Henry H. Meade } Alexander Hill, M. D. Medical Attendant.

{Place of Business, #413 E. Fayette St } Address, Coroner

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[OVER.]

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